

1.0 Description of the Procedure

Extracorporeal shock wave lithotripsy (ESWL) is a technique for treating stones in the kidney and ureter that does not require surgery. High-energy shock waves are passed through the body and used to break stones into pieces as small as grains of sand. Because of their small size, these pieces can pass from the body along with the urine.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Special Provisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at <http://www.dhhs.state.nc.us/dma/prov.htm>.

3.0 When the Procedure is Covered

ESWL is covered for the disintegration of upper urinary tract stones in the kidney and the ureter above the true pelvis (i.e., renal calyx stones, renal pelvic stones, and upper ureteral stones).

4.0 When the Procedure is Not Covered

- ESWL is not covered when the criteria in **Section 3.0** are not met.
- Coverage is limited to one ESWL per kidney or ureter per day.

5.0 Requirements for and Limitations on Coverage

Other treatments modalities such as percutaneous lithotripsy, dissolution therapy or conventional surgery may be used in conjunction with ESWL.

6.0 Providers Eligible to Bill for the Procedure

Physicians enrolled in the N.C. Medicaid program who perform this service may bill for this service.

7.0 Additional Requirements

There are no additional requirements.

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines including obtaining appropriate referrals for recipients enrolled in Medicaid Managed Care programs.

8.1 Claim Type

Providers bill professional services on the CMS-1500 claim form.

8.2 Diagnosis Codes that Support Medical Necessity

Providers must bill the ICD-9-CM diagnosis code to the highest level of specificity that supports medical necessity.

8.3 Procedure Codes

The CPT code covered by the N.C. Medicaid program for ESWL is:

- 50590

8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

This procedure is subject to the multiple procedures policy.

9.0 Policy Implementation/Revision Information

Effective Date: October 1, 1985

Revision Information:

Date	Section Revised	Change
09/01/04	Section 3.0	Added “in the kidney” and “above the true pelvis”
09/01/04	Section 4.0	Limited coverage to one ESWL per kidney per day
9/01/05	Section 2.0	A special provision related to EPSDT was added.
12/1/05	Section 2.2	The web address for DMA’s EDPST policy instructions was added to this section.